

Last Name  
MI

First



# UNDERGRADUATE DEGREE APPLICATION

## PROGRESS REPORT MUST BE ATTACHED

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439

**Please type or PRINT CLEARLY:**

1. Legal Name \_\_\_\_\_  
First Name Middle Name Last Name

2. Student ID Number 

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5. Date of planned graduation  
May 20 \_\_\_\_  
Aug 20 \_\_\_\_  
Dec 20 \_\_\_\_

3. Permanent Home Telephone Number (\_\_\_\_) \_\_\_\_\_

3a. Cell Phone Number (\_\_\_\_) \_\_\_\_\_

4. Permanent Home Address **(Must be good for at least six months after degree conferral.):**

\_\_\_\_\_  
Street and No.

\_\_\_\_\_  
City State Zip Code

6. Degree for which you are applying:  Bachelor of Arts  Bachelor of Science  Bachelor of Fine Arts

7. Academic Major(s) 1. \_\_\_\_\_ Minor(s) 1. \_\_\_\_\_  
2. \_\_\_\_\_ 2. \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### Veteran Status:

Indicate if you are one of the following:

- U.S. Veteran (A Veteran is a person who has served in the U.S. Armed Forces)
- Military Service Member (Active Duty, Reserve or National Guard)
- Dependent of a Military Service Member or U.S. Veteran (Dependent is defined as either spouse or child)

### EDUCATION MAJORS: Please recommend me for New York State Teaching Certification.

I hereby authorize the release of my Name and Social Security Number for the purpose of recommending me to the New York State Education Department's Office of Teaching Initiatives through the TEACH system.

\_\_\_\_\_  
Signature of Student Date

### OFFICE USE ONLY

Degree _____	Major _____
Curriculum _____	Major _____
Honors _____	Minor _____
	Total Credits _____